ALTER BED CAPACITY REPORT

Fiscal Year 2019/2020

T.C.A. §68-11-1607(g) "...no more frequently than one (1) time every three (3) years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any bed category by ten percent (10%) or less of its licensed capacity at any one (1) campus over any period of one (1) year for any services or purposes it is licensed to perform without obtaining a certificate of need. The hospital, rehabilitation facility, or mental health hospital shall provide written notice of the increase in beds to the agency on forms provided by the agency prior to the request for licensing by the board for licensing healthcare facilities or the department of mental health and substance abuse services, whichever is appropriate."

Total General Hospital Beds APPROVED	22
Acute Beds Approved	22
NICU Beds Approved	0
Rehabilitation Beds Approved	0
Child/Adolescent Psych Beds Approved	0
Adult/Geri Psych Beds Approved	0
Mental Health Hospital Beds APPROVED	28
Child/Adolescent Psych Beds Approved	6
Adult/Geri Psych Beds Approved	22
Total Beds APPROVED	50

COUNTY	<u>FACILITY</u>	FACILITY TYPE	REQUESTED DATE	TOTAL LICENSED BED COUNT (Before Add)	BED TYPE BEING ADDED	ORIGINAL BED COUNT - FOR TYPE	NUMBER OF BEDS BEING ADDED – FOR TYPE	NEW TOTAL NUMBER OF BEDS - FOR TYPE	TOTAL LICENSE D BED COUNT (After Add)
Shelby	UHS of Lakeside, LLC	MH	8/8/2019	287	Adult/Geriatric Psych	226	22	248	315
Shelby	UHS of Lakeside, LLC	MH	8/8/2019	287	Child/Adolescent Psych	61	6	67	315
Davidson	TriStar Skyline Medical Center	GH	9/17/2019	264	Acute	223	22	245	286

Pending/Expecting Refiling

Hospital Beds Pending	0
Mental Health Hospital/Psych Beds Pending	0
Total Beds Pending	0
Hospital Beds Awaiting Refile	0
Mental Health Hospital/Psych Beds Awaiting Refile	0
Total Beds Awaiting Refile	0

							NUMBER	<u>NEW</u>	TOTAL
				TOTAL		ORIGINAL	OF BEDS	TOTAL	LICENSED
				LICENSED	BED TYPE	BED	BEING	NUMBER	BED
		FACILITY	REQUESTED	BED COUNT	BEING	<u>COUNT –</u>	<u>ADDED –</u>	OF BEDS -	COUNT
COUNTY	<u>FACILITY</u>	TYPE	DATE	(Before Add)	ADDED	FOR TYPE	FOR TYPE	FOR TYPE	(After Add)

^{*}Number of beds not consistent with Public Chapter 1043.